



MISSOURI

STATE BOARD OF NURSING

NEWSLETTER

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February, March, April 2003

Message From the President

A Time of Changes

by Robin S. Vogt, PhD, RN, FNP-C
Board President

Nurse Volunteer System

The Board of Nursing recently participated in a meeting with representatives from the Red Cross, Missouri Nurses Association, Missouri League for Nursing, Mid America Regional Council, Office of Homeland Security, and Department of Health and Senior Services to discuss development of the statewide system for volunteer nurses. We thank the Department of Health and Human Services for taking a proactive lead by calling all the players to the table to get this task underway. The Missouri State Board of Nursing and Division of Professional Registration are proceeding with their plan to develop a volunteer database that can be provided to the Department of Health and Human Services who could in turn, use the database for activation of volunteers and to provide updates of critical information. The Missouri State Board of Nursing will continue to work with the Department of Health and Human Services to finalize the database plan and determine whether legislation will be required or necessary to designate who has specialized training/education/skills in bio-chemical terrorism.

The Board of Nursing is also in the preliminary planning stages of determining the feasibility of offering a retired nurse license status. This would allow a retired nurse to volunteer their services without compensation under a retired license.

Smallpox Vaccination for Medical and Public Health Response Personnel

You or someone you know may have been offered the chance to receive a smallpox vaccine to assist in the medical or public health response to a smallpox outbreak as a designated smallpox responder. The following are frequently asked questions regarding smallpox as published



Vogt

by the Missouri Department of Health and Human Services Center for Emergency Response and Terrorism.

A. Smallpox

1. What is smallpox?

Smallpox is a serious, contagious, and sometimes fatal infectious disease caused by variola virus. There currently is no specific treatment for smallpox disease, and the only prevention is vaccination. (However, current efforts are underway to evaluate antiviral agents that might be effective in treating smallpox, and there have been some very initial results with the drug cidofovir that suggest it may be useful.) Patients with smallpox can benefit from supportive therapy (e.g., intravenous fluids, medicine to control fever or pain) and antibiotics for any secondary bacterial infections that may occur.

2. What are the symptoms of smallpox?

Exposure to the virus is followed by an incubation period during which people do not have any symptoms and may feel fine. This incubation period averages about 12-14 days, but can range from 7-17 days. The first symptoms of smallpox include fever, malaise, head and body aches, and sometimes vomiting. The fever is usually high, in the range of 1010 -1040 F. At this time, people are usually too sick to carry on their normal activities. This is called the prodrome phase and may last for 2-4 days. A rash follows that spreads and progresses to raised bumps that crust, scab, and fall off after about 3 weeks, leaving a pitted scar. The greatest concentration of these bumps (which initially are filled with fluid, and then with pus) are on the face and extremities. Typically, they are deep-seated, firm/hard, round, and well-circumscribed. The rash can be present on the palms and soles. On any one part of the body (i.e., the face, or the arm), all the bumps are in the same stage of development.

3. When is a person with smallpox contagious to others?

From the first appearance of the rash until the last scab falls off (usually 3-4 weeks after rash onset). (Note that although smallpox patients are infectious from the time of first development of the rash, the earliest stages of the rash may be difficult to recognize. However, preceding the

President cont. on pg. 6

Missouri State Board of Nursing Legislative Update

by Lori Scheidt, BS
Executive Director



Scheidt

The 2003 legislative session began January 8, 2003. The legislators have a tough year ahead with homeland security and the continuing budget deficit.

Senator Mary Groves Bland has filed legislation (SB200) to enact the nurse licensure compact. Senator Bland was voted as one of Kansas City's Most Influential Persons and has been the recipient of many awards from the following groups: Blacks in Government in 1985; City of Jefferson in 1985; Alliance of Alumni Association of the University of Missouri in 1987; Missouri Department of Health in 1992; National Black Caucus of State Legislators in 1987; Mtumishi Service Award in 1993; Tony Boyland Outstanding Legislator in 1988 and the St. Louis Symphony Orchestra.

Senator Bland's legislative achievements include legislation dealing with the handicapped, social services, health and education. Senator Bland has been on the following committees: Appropriations, Certificate of Need Program,

Financial and Governmental Organization, Veterans' Affairs and Elections, Labor and Industrial Relations, and Public Health and Welfare. She also chaired the Health Committee in the House for more than 12 years.

The nurse licensure compact sparked Senator Bland's interest due to the fact that it would simplify government processes and remove regulatory barriers to increase access to safe nursing care. Healthcare is filled with emerging technology and practice modalities, and it is critical that nurses are able to comply with state licensure laws that cross state lines. These types of situations occur with increasing regularity in areas such as nurse advice lines, tele-nursing, home health, long distance monitoring of patients, hospital follow-up care and the increased mobility of the nursing workforce across state lines. In addition, the emerging role of bioterrorism and rapid nurse response teams places an increased importance on the implementation of the Compact.

The Missouri State Board of Nursing thanks Senator Bland for her dedication to health care and attempting to improve the system by sponsoring this important piece of legislation.

The compact is the license model similar to driver's license model where a nurse would be required to have a

Update cont. on pg. 2

GOVERNOR

The Honorable Bob Holden

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DIVISION OF PROFESSIONAL REGISTRATION

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Inside this issue....

MNC 10th Annual Nursing Summit . . .	3
Nurses Making a Difference	
- Alice Kuehn	4
Arthur L. Davis Publishing	
Scholarship Awards	10
Licensure Corner	12
Practice Corner.	14
Education Corner	15
Disciplinary Actions.	18
Change Form	25

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IMPORTANT TELEPHONE NUMBERS

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

Update cont. from pg. 1

license in state of residence and be allowed to practice in any state that is part of the compact. As the regulatory expert, the Missouri State Board of Nursing believes the nurse licensure compact would benefit licensees, employers and consumers. Here are some other key reasons why the Board of Nursing supports the nurse licensure compact.

- Institutions that deliver health care would be helped, in that their nursing workforce would be more mobile and a centralized database will provide access for one-source verification of nurse’s qualifications for practice. This would prove beneficial in the event of a terrorist attack where mobilization of health professionals would be critical to ensuring the health and safety of the public.
- New technologies are allowing nurses to increasingly practice across state lines and they may not have a license in our state. Therefore, if a patient is harmed, the Board of Nursing currently has no jurisdiction to take action on that nurse.
- The nurse licensure compact promotes safe practice through an expeditious discipline process, while ensuring protection of due process for all parties.

The Board of Nursing will not be sponsoring legislation for injunctive authority this year. Instead, the Board will do further research on other mechanisms such as an expedited hearing process. The injunctive authority language would allow the Board to request an injunction, restraining order or other order as may be appropriate to enjoin a person from practicing nursing.

The Department of Economic Development and Division of Professional Registration will be working to find a sponsor for the Advanced Practice Registered Nurse (APRN) Language. The advanced practice registered nurse language:

- revises Section 335.016, the definition of Advanced Practice Nurse;

- adds one new section, 335.048, definition of Advanced Practice Registered Nurse;
- defines lapsed license status;
- allows the nurse to have one license with one renewal date rather than two licenses with two separate expiration dates;
- revises 335.017 IV therapy language to represent current terminology;
- revises 335.049 exemption for those already recognized; and,
- adds APRN title designation and protection.

More detailed information about this proposal can be found in the last newsletter.

The Missouri State Board of Nursing will not pursue legislation adding an additional license discipline or denial cause to the statute at this time.

As licensed professionals, you can stay informed on state legislation through the state’s web site at www.state.mo.us.

Several calls have come into the office regarding the Nurse Reinvestment Act.

On August 1, 2002, President Bush signed the Nurse Reinvestment Act. The Nurse Reinvestment Act includes

- Scholarships and loan repayments for nursing students who agree to work in shortage areas
- Grants to health care facilities that improve patient care by implementing the American Nurses Credentialing Center (ANCC) Magnet Recognition Program criteria for nursing excellence
- Grants for career ladders within nursing
- Grants for comprehensive geriatric training programs
- Loan Cancellation Program for nursing faculty
- Public service announcements to promote the career of nursing.

The bill sets up a statutory framework for monies to be directed to the "reinvestment activities", however Congress must act to fund the statutory language. To date, the bill has not received funding.

2003 Nursing Summit - Looking Beyond the Quick Fix: Innovative Solutions for Satisfaction and Survival of Nursing

AGENDA	
8:00 a.m.	Registration
8:30 a.m.	Introductions/Welcome – Robin Vogt, RN, PhD, FNP-C
8:45 a.m.	Three Rules of People Management They Don’t Tell You About in Nursing School - Mark Darby, RN
9:15 a.m.	For the Patient’s Sake - Carm Mocerì, RN, MHS
10:00 a.m.	Break
10:30 a.m.	Innovative Solutions for Creating and Maintaining Nurse and Patient Satisfaction Karen Cox, RN, PhD Lynn Wieties, RN, MSN Amy Vogelsmeier, RN, MSN, CS, GCNS Pat Porterfield, RN, MSN
12:15 p.m.	Lunch - (Discuss own best practices and develop questions for panel)
1:00 p.m.	Panel Discussion Questions and Answers
1:30 p.m.	Ten Things Nurses Do to Stab Themselves in the Back - Mark Darby, RN
3:00 p.m.	Break
3:15 p.m.	Different Strokes for Different Folks - Cheryle Kelly, RN, MSN
4:15 p.m.	Evaluations and Certificates

- OBJECTIVES**
1. Examine the role habit and non-conscious thinking has on nursing practice.
 2. Connect why you became a nurse with the challenges that face nursing.
 3. Discuss the development of positive working relationships among health care workers.
 4. Outline innovative solutions for creating and maintaining nurse and patient satisfaction.

SPEAKERS

Karen Cox, RN, PhD, Senior Vice President for Patient Care Services, Children’s Mercy Hospital, Kansas City, MO

Mark Darby, RN, President, Darby Training Programs, Omaha, NE

Cheryle Kelly, RN, MSN, Director of Medical Floor and Coordinator of Graduate Nurse Internship Program, St. Marys Health Center, Jefferson City, MO

Carm Mocerì, RN, MHS, President, Missouri Baptist Medical Center, St. Louis, MO

Pat Porterfield, RN, MSN, Dean, Division of Health and Wellness, St. Charles Community College, St. Charles, MO

Amy Vogelsmeier, RN, MSN, CS, GCNS, Research Nurse, University of Missouri – Columbia, Sinclair School of Nursing, Sweet Springs, MO

Robin Vogt, RN, PhD, FNP-C, President, Missouri State Board of Nursing

Lynn Wieties, RN, MSN, Director of Organizational Development, Phelps County Regional Medical Center, Rolla, MO

REGISTRATION INFORMATION

LODGING: Tan-Tar-A Resort, Osage Beach, is offering a special room rate of \$89 main resort complex for a single/double room. Call (573) 348-3131 or (800) 826-8272 and ask for the "Nursing Summit" rate before February 11, 2003.

REGISTRATION: Persons may enroll by sending the registration form and appropriate fees to: MISSOURI LEAGUE FOR NURSING, INC., P.O. Box 104476, Jefferson City, MO 65110-4476. Telephoned (573-635-5355) and faxed (573-635-7908) registrations must be charged to Visa/MasterCard. Payment must accompany registration. On-site registrations will be allowed, based on availability. A written confirmation will not be sent. Your cancelled check constitutes receipt.

CANCELLATIONS: No refunds will be made if registrant fails to attend. There is a \$25 non-refundable cancellation fee if the Coalition is notified by February 26 and followed up with a written request. Substitutions are allowed at no additional cost.

PROGRAM FEES: Fees include breaks, lunch, and

program materials.

CE HOURS: This activity has been approved for 7.2 contact hours by the Missouri Nurses Association which is accredited as a provider of CE in nursing by the American Nurses Credentialing Center Commission on Accreditation. It is also approved for 7.2 contact hours through the Missouri State Association of Licensed Practical Nurses.

MISCELLANEOUS: Treasury Regulation 1.162.6 permits an income tax deduction for educational purposes. Smoking is prohibited in the meeting room. Contact Kathy at (573) 635-5355 to arrange for special ADA needs.

THE NURSING SUMMIT is an annual meeting that addresses issues vital to the advancement of the nursing profession.



10th Annual Nursing Summit

March 12, 2003

7.2 Contact Hours

Tan-Tar-A Resort, Osage Beach, MO

Sponsored by:

Missouri Nursing Coalition

Missouri Nurses Association
Missouri League for Nursing
Missouri Organization of Nurse Executives
Missouri State Association of Licensed Practical Nurses
Missouri State Board of Nursing

REGISTRATION FORM

10th ANNUAL NURSING SUMMIT • March 12, 2003

Name: _____ SS#: _____

Address: _____

City/State/Zip: _____

Phone: _____ ☐RN ☐LPN ☐ Other_____

Position: _____

Employer: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

☐ Nursing Summit (Postmarked on or before 2/11/03) \$115

☐ Nursing Summit (Postmarked after 2/11/03)..... \$145

METHOD OF PAYMENT

☐ Check (made payable to MLN)

☐ MasterCard ☐ Visa

Card # _____

Exp. Date: _____

Signature: _____

Nurses, Making a Difference One Life at a Time. Teachers of Nurses - What Do They Really Do?

by Alice F. Kuehn, PhD, RN, CS, FNP/GNP
Associate Professor,
University of Missouri-Columbia
Sinclair School of Nursing

Every nurse upon graduation has a sense of the role he or she is about to undertake. The role of the nurse is, at the core, one of practitioner, assuming responsibility for providing needed and desired nursing care to people in a diversity of settings, across all ages, wherever they happen to be along an illness/wellness continuum. How, then, does this nurse become a teacher of nursing? There is a classic saying – "see it, do it, then teach it." However, that falls quite a bit short of the reality of a career in nursing education. I would like to offer my thoughts on the reality of life as a teacher of nurses by sharing with you my journey as nurse educator.

My role began to evolve upon graduation from St. John’s Hospital School of Nursing, in St. Louis (1962). Full of excitement, I began my career in the operating room at home base – St. John’s - for at that time it was a common practice for new graduates to develop their fledgling practices in a supportive environment with which they were familiar. It wasn’t long before I was teaching the OR tech classes. I guess I already had the teaching "bug"; however, my father said I just had the Irish gift of "gab!" Soon I realized that I would like to teach nurses, but, learning that a minimum of a bachelor’s degree was required, off I went to Catholic University, courtesy of a newly-created "nurse traineeship," funded to assist nursing in addressing a growing nurse fac-



Kuehn

ulty shortage. Working in the student health clinic while at CU helped keep me grounded in practice, and meeting students from many different fields of study was a delightful way to broaden my perspective. After completing my degree, I learned that a career in nursing education required a master’s degree, so off I went to UCSF to continue my studies. Because their program required a dual clinical and educator focus, I developed a lifelong commitment to being a practicing educator; continual grounding in practice has helped me feel credible in my teaching. My teaching roles over the years have included working with diploma students at St. John’s (St. Louis), associate degree students at Lincoln University (Jefferson City), and undergraduate and graduate students at the University of Missouri-Columbia; teaching and program planning in continuing education; and campus, state and national committee work, all parts of the typical faculty role. In addition to clinical and classroom teaching and consulting, my faculty role also included practice as a family/gerontological nurse practitioner in a variety of clinic sites.

Teaching and practice are two key ways to impact the future of the profession. However, another way to impact the future is through a third component of the faculty role - active participation in the growth and development of the profession. Examples include my support of and participation in the successful movements to revise the Missouri Nursing Practice Act in 1976, clarifying the nurse role as autonomous, and to achieve a positive Sermchief & Gonzales Supreme Court decision of 1983, which acknowledged the validity of the role of the APN. Upon completion of the family and gerontological nurse practitioner program of studies in 1988 and a doctoral program in Higher and Adult Education in 1989 (University of Missouri-Columbia), I served as coordinator of the nurse practitioner program at the University of Missouri-Columbia for six

years. Through curriculum revisions addressing the emerging demands of the role; depositions, writings and active support and participation in passage of HB 563 in 1993; and federal funding (1996-1999) to expand the FNP/GNP program in rural Missouri, we were able to promote the role of the advanced practice nurse.

Even more challenging has been a fourth component of the educator role expected of nurse educators in the university setting – that of nurse researcher. My research has focused upon the nursing shortage facing America - a growing reality in every state, including Missouri due to declining enrollments, an aging nursing workforce and nurse professionals, weary of a sometimes hostile practice environment, who retire or seek other careers. Even more serious are the aging of nurse faculty and budgetary constraints on higher education. Amidst increasing interest in nursing as a career, admissions are quite competitive due to the faculty shortage, lack of funding to expand classes, and scarcity of clinical sites needed for practice experience. My interest in nursing workforce issues began more than a decade ago through participation in the Missouri Nursing 2000 Study Group, a statewide research team that presented Missourians with a nursing workforce forecast in our 1993 report, Missouri Nursing 2000: Creating a Positive Future. Experience gained and a good set of partners helped us obtain a Robert Wood Johnson Foundation (RWJF) grant: Missouri Rural Colleagues in Caring. Six years of funding allowed us to begin development of a nursing workforce model. The Office of Missouri Nursing Workforce Analysis (OMNWA) was established to gather, analyze and disseminate data on current and projected nursing workforce supply, demands, trends, and needs in our state. Currently the

Nurses cont. on pg. 5

Nurses cont. from pg. 4

Missouri Health Care Workforce Data Collaborative is working with us to create a permanent, centralized statewide repository of healthcare workforce data, a center for analysis of trends, and resource for policy makers. Stakeholders participate in a virtual forum provided through a web site (www.ruralnursing.org). We have also initiated a statewide consortium designed to assist Missouri nurses to dialogue about current issues; promote student mobility between nursing education programs; and support a professional practice model that clarifies the education, experience and competencies required for nurses to assume the responsibilities and accountability of a specific nurse role within a broad range of role types. We're working to promote partnerships to bridge the gap between nurse employer expectations and nurse educators. Our premise is that employers, educators, students and practitioners of nursing must understand and agree upon how each level of nursing education prepares the student for specific practice roles on the nursing and the health care team. One very rewarding outcome of my work with Colleagues in Caring has been bringing nurses together on a consistent basis to talk about issues, and learn about similarities and differences in different practice and educational settings. The other most rewarding and potentially most significant outcome of our work is our research and projects focused on clarity of nurse role. We are gathering evidence, supported by national reports that a positive practice environment is the most critical key to solving the shortage and promoting a viable and exciting nursing future. Our theoretical base is threefold: nursing theory (using Orem and Margaret Newman), role theory, and the concept of community (nurses as a caring community). Role clarity is being studied through application of the differentiated nurse practice model, relating role, responsibilities and accountability to level of education, experience and compe-

tency, with scope of practice differing by setting and population served. Our role clarity studies are currently supported by three grants:

A) *U.S. Department of Education Congressional Priorities FIPSE grant* (Fund for the Improvement of Post-Secondary Education) in which the Sinclair School of Nursing joined with Moberly Area Community College to help nursing students pursuing associate's and bachelor's degrees learn to appreciate their common and unique clinical skills and to work as a team through a shared clinical experience in a successful differentiated practice environment.

B) *Career Mobility Program for Public Health Nurses - Division of Nursing, HRSA*. Public health nurses are being thrust into new roles and must manage issues for which they are not currently prepared. We are assisting experienced PH nurse in individual health departments to become leaders and mentors for other PH nurses in Missouri as they further their education in order to become well-grounded in the newly-emerging roles and responsibilities of the PH nurse of 2003 and beyond.

C) *Collaborative Learning Across Borders: Partnering Students, Faculty, and Community* was just funded by the Department of Education, Fund for the Improvement of Post-Secondary Education (FIPSE). Its prime focus is student learning and dialogue regarding culture, language, and the nurse role in three health care systems with students from the three countries of North America - Canada, Mexico and the United States.

The American Hospital Association has called for hospitals and health systems to establish new relationships with schools, colleges and universities and to move from the traditional "silo structure" toward a team approach in education and practice. All three grants focus on clarity of the nurse role within a team framework for the purpose of enhancing the recruitment and retention of nurses and elevating the sta-

tus of professional nursing and nursing education. The projects support the concept of a professional nursing practice environment, in which nurses assume responsibility and accountability for the design of nursing care delivery. Supporting development/enhancement of professional nursing practice environments is key to providing quality care and facilitating rewarding nurse careers. It is essential that the nursing workforce and the educators preparing that workforce understand and agree upon how each level of nursing education prepares the professional for specific practice roles within the nurse and health care team. Roles must be clearly identified and nursing personnel assigned appropriately so that those providing health care are accountable for their own levels of skill, are allowed to function within the full scope of their education and abilities and are not expected to take on more responsibility than preparation, experience and setting warrant.

Our role as nurse is grounded within the first level of education received; all additional education and experience builds upon that foundation. This is what makes the role of the educator key. However, it takes a "village to grow a nurse" and so our nursing "village" or community "growing the new nurse" goes beyond nurse educators and includes all nurses and nurse assistants we interact with in practice, research, professional organizations, other professionals, and those we serve. My role continues to unfold, as should each of yours in your practice, teaching, research and/or service endeavors. As each of us continues to learn from experience and education, we can participate more vigorously in the design of our "nursing community." After forty years, I can only say "thank God" for the journey so far and for the continuing unfolding of additional opportunities to "teach" through my grant projects, guest lectures, consultation, publications, presentations and this sharing of my journey as nurse educator. I am delighted to say that my train is still rolling along!

President cont. from pg. 1

development of the rash, the patient will run a high fever for 2 to 3 days. Isolation of a possible case from the time of onset of fever is recommended to provide sufficient time to assure appropriate isolation measures are in place at the time of onset of the person’s infectious period [i.e., the time of initial rash onset].)

4. How serious is smallpox?

Smallpox is a very serious disease. In the past, about 30% of persons with smallpox died. Sequelae (long term after-effects) of smallpox include scarring (which is most common on the face), blindness resulting from ulceration and scarring of parts of the eye, and limb deformities due to inflammation and arthritis.

5. How is smallpox transmitted?

By far, the most common mode of transmission of smallpox virus from person to person is from spread through direct deposit of very small infective droplets onto the mucous membrane surfaces of the nose and mouth, or into the lungs of a susceptible person. This generally requires close face-to-face contact (<6.5 feet), as the droplets do not travel more than a few feet in the air before settling out onto the ground. Much less commonly and under certain circumstances, smallpox can be spread by fine-particle aerosols that can travel in the air greater distances than droplets. This type of spread usually has occurred in hospital settings where more severe cases of smallpox, or cases with a cough, were admitted and not isolated to areas of the hospital that had air supply and ventilation systems separate from other areas. Even less commonly, smallpox can be spread by contact with contaminated materials, such clothing or bedding. Smallpox is not known to be transmitted by insects or animals (humans are the only natural hosts of variola).

6. If smallpox virus is released in aerosol, how long does it survive?

The smallpox virus is fragile and in the event of an aerosol release of smallpox, 90% of viruses will be inactivated or dissipated in about 24 hours. If an undetected aerosol release of smallpox virus occurred, by the time those exposed became ill and it had been determined that such a release of the virus had taken place, there would be no infectious virus in the environment.

7. When was smallpox eradicated?

The last case of smallpox in the United States was in 1949. Smallpox was eliminated from the world in 1977 (i.e., the last case of naturally occurring smallpox was in Somalia in 1977). The World Health Assembly officially certified the global eradication of smallpox in May 1980.

B. Smallpox and Terrorism

1. Why is smallpox now believed to be a potential threat?

Smallpox virus has been researched and developed as an experimental biological agent of mass destruction by several countries. Some countries or groups may still have stores of smallpox virus and may deliberately release the virus as an act of war or terrorism. A deliberate release of smallpox could cause a major epidemic with very substan-

tial numbers of serious illnesses and deaths.

It should be noted that aerosol release of variola would disseminate widely, given the considerable stability of orthopoxviruses (the family to which variola belongs) in aerosol form and the likelihood that the infectious dose is very small.

It should also be noted that in the 1960s & 70s in Europe, when natural disease was still occurring, up to 10-20 second-generation cases were infected from a single case. Widespread concern, and sometimes panic, occurred, even with outbreaks of <100 cases.

C. Smallpox Vaccine – General Issues

1. What are the basic characteristics of smallpox vaccine?

Smallpox vaccine is a live-virus vaccine made from vaccinia virus, a virus from the same family as the virus which causes smallpox (variola virus). When inoculated in superficial skin layers, the vaccinia virus grows in number and induces an immune reaction that protects against smallpox. One cannot get smallpox from the vaccine.

Vaccinia virus is present at the vaccination site beginning about 3 days after vaccination. Maximum viral shedding occurs 4-14 days after vaccination, but vaccinia can be recovered from the site until the scab separates (this occurs about 17-21 days after vaccination). The virus can be transmitted, usually via the hands, to other parts of the body or to other persons with whom the vaccinee has close contact.

2. How effective is smallpox vaccine?

Historically, the vaccine has been effective in preventing smallpox infection in about 95% of those vaccinated (it must be remembered that no vaccine induces immunity in 100% of those who receive it).

3. If one is successfully vaccinated with smallpox vaccine, how long does the protection last?

Protection against disease following primary (i.e., first time) vaccination begins to fade after 5 years and is probably negligible after 20 years. In individuals who have been successfully revaccinated one or more times, it has been found that residual immunity may persist for 30 years or longer. Although such immunity may protect against a fatal outcome, it may not protect against the development of a milder form of smallpox if the person is infected with variola.

4. When did routine smallpox vaccination stop in the United States?

Routine vaccination of the American public against smallpox stopped in 1972, after the disease was eradicated in the U.S. Routine vaccination of health care workers ended in 1976, and among military recruits in 1990. In recent years, the U.S. government has provided the vaccine to relatively small numbers of scientists and medical professionals who work with smallpox and similar viruses in a research setting.

5. Are those who were immunized for smallpox prior to 1972 protected?

Although some immunity may be present for some persons immunized previously, one cannot answer with any certainty how protected a person might be from a vaccine

administered 30+ years ago. More specifically, the level of immunity, if any, among persons who were vaccinated before routine vaccination ended in 1972 is uncertain; therefore, these persons are assumed to be susceptible.

D. Smallpox Vaccine – Adverse Reactions

1. What adverse reactions can occur after receiving the vaccine?

Most people experience normal, usually mild reactions that include a sore arm, fever, and body aches. In recent tests, one in three people felt bad enough to miss work, school, or recreational activities, or had trouble sleeping, after receiving the vaccine.

However, more serious adverse reactions also occur.

- In the past, about 1,000 people for every 1 million people vaccinated (**1 in 1,000**) experienced reactions that, while not life-threatening, were serious. These reactions include a vigorous (toxic or allergic) reaction at the site of the vaccination, and spread of the vaccinia virus to other parts of the body (accidental implantation, also known as inadvertent autoinoculation) and to other individuals (resulting in contact vaccinia).

- (The specific rate of occurrence of accidental implantation [inadvertent autoinoculation] has been given as approximately 1 case for every 2,000 primary vaccinations. It has been the most frequent complication of vaccinia vaccination and has accounted for approximately 50% of all complications following primary and revaccination. The specific rate for contact vaccinia has been given as approximately 2-6 cases per 100,000 vaccinations.)

- Rarely, people have had very bad reactions to the vaccine. In the past, between 14 and 52 people per 1 million vaccinated (**1 in 100,000 to 5 in 100,000**) experienced potentially life-threatening adverse reactions, including eczema vaccinatum, progressive vaccinia (or vaccinia necrosum), and postvaccinal encephalitis.

- Based on past experience, it is estimated that between 1 and 2 people out of every 1 million persons vaccinated (**1 in 1,000,000 to 2 in 1,000,000**) will die as a result of adverse reactions associated with the vaccine.

Careful screening of potential vaccine recipients is critical to ensure that those at increased risk do not (in a non-emergency situation) receive the vaccine. People most likely to have side effects are: people who now have, or have ever had, certain skin conditions, (especially eczema or atopic dermatitis); and people with weakened immune systems, such as those who have received a transplant, are HIV positive, or are receiving treatment for cancer.

2. Are there persons who should not receive smallpox vaccine?

There are two answers to this question, depending on whether exposure to smallpox virus has occurred:

1) In situations where a person has been exposed to smallpox virus (Such situations include exposure to the initial release of virus by terrorists, or face-to-face, household, or close-proximity contact [< 2 meters = 6.5 feet] with a confirmed or suspected smallpox patient after the

President cont. on pg. 7

President cont. from pg. 6

patient developed fever and until all scabs have separated.) Here there are no contraindications to the vaccine because the risks associated with smallpox outweigh the risks associated with the vaccine.

2) In situations where there is no known exposure to smallpox

Individuals who have any of the following conditions, or live with someone who does, should not receive the smallpox vaccine (unless, as discussed above, they have been exposed to smallpox virus):

- Eczema or atopic dermatitis (presence of, or past history of);
- Other skin conditions such as burns, chickenpox, shingles, impetigo, herpes, severe acne, or psoriasis (one should not receive the vaccine until the condition has completely healed);
- Weakened immune system (for instance, from cancer treatment, an organ transplant, HIV infection, or medications such as steroids to treat autoimmune disorders and other illnesses); and
- Pregnancy or plans to become pregnant within one month of vaccination

In addition, individuals should not receive the smallpox vaccine if they:

- Are allergic to the vaccine or any of its ingredients;
- Have a moderate or severe short-term illness (these people should wait to receive the vaccine until they have recovered); or
- Are less than 18 years of age.

3. What if you decide to get the vaccine and your family member has eczema or a weakened immune system?

Smallpox vaccine contains live vaccinia virus, and thus vaccinees are actually infected with vaccinia. This virus is present in the material that begins to drain from the sore which develops at the vaccination site within a few days following vaccination. Should another individual comes into contact with this material, which could occur in settings where people live in close proximity to each other (such as a household), this individual could also become infected (i.e., become a contact vaccinia case). Such an infection could have very serious consequences if the individual has a condition, such as eczema or a weakened immune system, associated with adverse reactions following vaccinia infection. To eliminate the possibility that an individual with such conditions will acquire contact vaccinia, it is recommended that vaccination not be given if the vaccinee will have close (e.g., household) contact with an individual having one of these conditions during the approximately 3 week period of infectiousness following vaccination. Another option here is to make arrangements so that the person vaccinated and the at-risk individual live apart from the time of vaccination until the scab separates from the vaccinee's arm (which occurs about 17-21 days after vaccination and ends the vaccinee's period of infectiousness).

4. What drug(s) are recommended to treat persons with smallpox vaccine side effects? Will an adequate supply be available?

Two treatments may help people who have certain serious adverse reactions to the smallpox vaccine. These are Vaccinia Immune Globulin (VIG) and cidofovir. As of early December 2002, there are 700 doses of VIG on hand (enough for predicted reactions with 6 million people vaccinated), and 3,500 doses of cidofovir (enough for predicted reactions with 15 million people vaccinated). This should be more than adequate to treat persons vaccinated as part of the Stage One smallpox vaccination program who develop the specific serious adverse reactions for

which these drugs are indicated. Additional doses of VIG are being produced, and measures are underway to increase supplies of cidofovir as well.

E. Smallpox Vaccine – Pre-Event Use

1. Why not vaccinate the entire population now?

There are several issues here:

1) Serious and occasionally fatal adverse reactions to smallpox vaccine occur.

Smallpox vaccine is a live-virus vaccine which contains vaccinia (not smallpox) virus. It provides protection against smallpox for a very high proportion of those vaccinated, but it also causes severe and life-threatening side effects for a small percentage of the people who receive it. In the past, **1 in 100,000 to 5 in 100,000** vaccinees experienced potentially life-threatening adverse reactions, and it is currently estimated that **1 in 1,000,000 to 2 in 1,000,000** vaccinees will die as a result of adverse reactions to the vaccine. This means that if the vaccine were to be given to everyone in the United States, an estimated that **350-500** people may die from vaccine-related complications.

One must ask whether the risk that smallpox will be reintroduced in the U.S. is high enough to make us willing to accept the serious adverse reactions, and probable deaths, that will occur if large numbers of people are vaccinated.

2) There is a need to have enough doses of licensed vaccine available.

Until recently, there was not enough smallpox vaccine to vaccinate the entire population. That is no longer the case, but most of the currently available vaccine is not licensed and, although it could and would be given in an emergency (i.e., if necessary to respond to a large outbreak of smallpox), the fact that it is not licensed would mean that it would have to be given as an investigational drug. This would make the consent process and the follow-up of those vaccinated more complicated and time consuming, which could be a significant problem if large numbers of persons were being vaccinated.

3) In the future a better vaccine will become available.

The currently available vaccines were produced by infection of the skin of calves with a particular strain of vaccinia virus. However, a tissue culture cell vaccine is now being developed, although it may not become available until 2004. It is anticipated that this newer vaccine will eventually replace the current vaccines, and it should represent an improvement because it will contain less impurities, and thus might result in fewer numbers of certain types of adverse reactions.

4) There is a need to have available enough doses of vaccinia immune globulin (VIG), and possibly other medications, to treat adverse reactions.

Two treatments may help people who have certain serious reactions to the smallpox vaccine. These are VIG and cidofovir. As of November 2002, there are about 700 doses of VIG on hand (enough for approximately 6 million people vaccinated), and about 3,500 doses of cidofovir (enough for approximately 15 million people vaccinated). Additional doses of VIG are being produced, and measures are underway to increase supplies of cidofovir as well. If at all possible, one would want to have enough doses of these medications available to treat anticipated adverse reactions before beginning vaccination of large numbers of persons.

The current situation is that there is a disease (smallpox) which is no longer occurring anywhere in the world, but which could be reintroduced at some future time by terrorists, although the chances of this happening are impossible to determine. In deciding who should be offered smallpox

vaccine, the potential risk of future exposure to smallpox (as best it can be determined) must be weighed against the known risk of serious, life-threatening adverse reactions and deaths associated with the vaccine.

Specific analysis of the benefits vs. the risks of offering voluntary vaccination to the general public once adequate amounts of licensed vaccine and VIG (and perhaps cidofovir) are available (probably 2004) is now being undertaken at the top levels of the Federal government, and a decision is expected shortly.

2. What is the difference between today and the vaccination programs we used to have?

Recommendations for the use of smallpox vaccine, both in the past as well as today, take into account the risk of smallpox disease versus the risk of complications from the vaccine. When smallpox was seen as a substantial threat to the population, vaccination was recommended. However, by the early 1970's it was judged that the risk of vaccine complications outweighed the threat of smallpox, and routine smallpox vaccination was discontinued in the United States in 1972. Routine vaccination of health care workers ended in 1976, and among military recruits in 1990. In recent years, with no confirmed cases of smallpox occurring anywhere in the world, and the risk of a bioterrorist attack assessed as low, vaccination of the general population was not recommended because the potential benefits of vaccination were not seen to outweigh the risks of vaccine complications. Today, with continued reports of possible future use of smallpox virus by bioterrorists (and with the increased availability of smallpox vaccine), the Federal government is in the process of developing guidelines for the pre-event (i.e., before a case(s) of smallpox is diagnosed) use of the vaccine. At the present time, which groups of people will be recommended to receive the vaccine remains unclear, although it does seem virtually certain that selected public health and medical workers (perhaps about 500,000 nationwide) will be vaccinated in the next few months.

Also, the following points need to be kept in mind when considering our present situation:

First, we have many more immunocompromised persons (such as chemotherapy patients, organ transplant recipients, and HIV-infected individuals) than were present 30+ years ago when smallpox vaccine was being routinely given. These individuals are at increased risk for serious adverse reactions following smallpox vaccination.

Secondly, as mentioned above, smallpox vaccine is a live-virus vaccine which contains vaccinia (not smallpox) virus. Vaccinia virus is present in the sore that develops at the site of the vaccination, and can be transmitted through direct contact (usually via contaminated hands) to others, who then develop contact vaccinia. This appears to be a generally rare occurrence (2-6 cases of contact vaccinia per 100,000 vaccinations), but can potentially result in serious illness in some persons who are contacts of smallpox vaccinees (particularly persons who have certain skin conditions or are immunocompromised). Because of these concerns, when smallpox vaccine is given in non-emergency situations, persons whose household contacts are at risk for adverse reactions to the vaccine should not be vaccinated.

Finally, if exposed to an actual case of smallpox the risk of contracting smallpox is much greater than the risk of severe side effects from the vaccine. However, in a non-emergency vaccination situation, even one case of severe vaccine side effects will most likely be widely publicized

President cont. from pg. 7

and could result in the public’s reluctance to be vaccinated should actual cases of smallpox appear.

F. Smallpox Vaccine – Post-Event Use

1. How long after I have been exposed to smallpox can I be vaccinated and still be protected?

In general, receiving smallpox vaccine within 4 days of exposure to smallpox will decrease one’s chances of becoming sick, or of developing serious (perhaps fatal) illness.

More specifically, evidence indicates that vaccination within 2-3 days after exposure to smallpox can result in protection against the disease and, even as late as 4-5 days, may protect against a fatal outcome.

2. If I have been exposed to a smallpox case, why should I get the vaccine, since it can have serious side effects?

If you have been exposed to an actual case of smallpox, the risk of smallpox infection and the subsequent development of serious, and potentially fatal, disease are much greater than the risk of severe side effects from the vaccine. Remember that, at least in the past, about 30% of persons with smallpox died. In contrast, the number of persons dying from the vaccine was only about 1-2 deaths per million persons vaccinated.

3. Will I be forced to take the vaccine, even if I have been exposed?

No. If you are exposed to a case of smallpox and you decide not to take the vaccine, you will be closely monitored for 18 days for the signs and symptoms of smallpox. Those members of your household who cannot (because of medical conditions), or who decide not to, be vaccinated will need to move elsewhere for that 18 day period of time. You will be allowed to leave your home, but not travel more than one hour (some recommendations say 20 miles) away, in case you begin to show signs and symptoms which indicate you may have been infected.

4. Can the public health system really mass vaccinate thousands of people?

Yes, with the help of the private medical sector, volunteers, fire, police and the State Emergency Management Agency (SEMA) we can obtain adequate amounts of vaccine within 12 hours, set up dispensing sites and fully vaccinate thousands of people within the necessary four-day time period.

If one or more cases of smallpox were identified, an im-

mediate surveillance and containment strategy would be instituted. It would include identification of infected persons through intensive surveillance, followed by isolation of these individuals. It would also include "ring vaccination," i.e., vaccination of household contacts and other close contacts of infected persons (i.e., primary contacts), and vaccination of household and other potential contacts of the primary contacts (i.e., secondary contacts). In addition, depending on the specific circumstances, vaccination of a larger population of persons might also be undertaken. The recently released "Smallpox Vaccination Clinic Guide" from the Centers for Disease Control and Prevention (CDC), available at <http://www.bt.cdc.gov/agent/smallpox/response-plan/files/annex-3.pdf>, is a very useful tool in helping public health officials prepare in advance for situations in which vaccination of large numbers of persons is necessary.

5. Who will pay for mass vaccination?

The Federal Government will provide the vaccine. Distribution and dispensing costs associated with a mass vaccination program will be borne by the state and local governments.

6. How will we recruit volunteers?

State and local governments are developing plans for working with agencies such as the Red Cross, who are experts in volunteer management, and with the professional associations of pharmacists, physicians and nurses, to develop lists of potential volunteers.

7. How will we train volunteers, such as nurses, to administer the shots?

State and local plans will include working with current volunteer organizations such as the Red Cross, as well as with experts at CDC, to provide necessary training. Local jurisdictions will be conducting drills to provide volunteer training opportunities as well.

8. Whom should I contact if I want to volunteer?

Contact a local emergency response volunteer organization in your area such as the Red Cross or your local fire department, or contact your professional association or licensing board.

G. Additional Questions

1. What is one of the most important things state and local public health agencies can do at this time?

State and local public health officials need to educate and

inform the public so that they can participate in their own defense in the event of a biological, chemical, or nuclear attack. Understanding who public health is and how public health works to protect citizens is an essential component of an individual’s or family’s ability to prepare for the event and to follow the recommendations of CDC, the Missouri Department of Health and Senior Services and the local public health agency.

2. Where can I get more information?

DHSS web site: www.dhss.state.mo.us; click on "Emergency/Terrorism Response." DHSS toll free number for emergencies and disease reporting 800-392-0272, available 24 hours a day, 7 days a week; your local public health agency.

CDC’s smallpox web site: <http://www.bt.cdc.gov/agent/smallpox/index.asp>.

Board Meetings

All the members of Board meet together at least four times per year in 3-day meetings held at the Harry S Truman State Office Building in Jefferson City, Missouri. There are numerous committee meetings in between these board meetings. The Board has seven committees; Discipline, Education, Executive, Licensure, Publication, Practice and Finance. The committee meetings are open to the public and notice of the meetings is posted on the Board’s web site, the State of Missouri Office of Administration’s web site and in the front lobby of the Division of Professional Registration building. The meeting notice includes the date, time and place of the meeting, tentative agenda, and contact information. The committee may go into closed session at any time during the meeting. If the meeting is closed the appropriate section will be announced to the public with the motion and vote recorded in open session and minutes. During the committee meetings, the members discuss items and make recommendations. The recommendations are reviewed by the entire Board during the regular Board meeting in the form of a consent agenda. If you have information you would like the Board to consider when discussing agenda items, we ask that you provide that information to our office prior to or during the committee meeting. Committee meetings allow the members to have more in-depth discussion about agenda items. The Board values the opinion of licensees and the public and encourages you to provide information you believe may assist board members in making well-informed decisions.

Message from Division Director

by Marilyn Taylor Williams

Division Director

The Division of Professional Registration is responsible for enforcing sections 324.520 to 324.524, RSMo, which relates to the licensing of tattooists, body piercers, branders and establishments. On February 28, 2003 the regulations governing such took effect.

Pursuant to section 324.522, RSMo, "No practitioner of tattooing, body piercing or branding shall practice and no establishment in which tattoos, body piercing or brandings are applied shall be operated without a license issued by the director of the division of professional registration."

This law also pertains to those individuals who apply permanent makeup. If you are a licensed nurse pursuant to Chapter 335, RSMo and you apply permanent makeup you are required by law to obtain a practitioner license and an establishment license from the Office of Tattooing, Body Piercing and Branding.

To obtain the necessary forms and the regulations you may visit our website at www.ded.state.mo.us/pr or contact the Office of Tattooing, Body Piercing and Branding at 573-526-8288.



Williams

Arthur L. Davis Publishing Scholarship Awards

As part of their 20th year of serving the nursing industry, the Arthur L. Davis Publishing Agency, Inc. contributed a \$1,000.00 scholarship award for nursing education to be given in 2002. The publishing company requested that the Board of Nursing determine the criteria and select the recipient.

The Missouri State Board of Nursing delegated this task to the Education Committee. The Education Committee decided to award \$500.00 each to one professional and one practical nursing student. All approved nursing programs in the state were sent information regarding the scholarship and the criteria for nomination. Each program could nominate one qualified candidate. One of the stipulations was that the nursing student planned to work in Missouri after graduation. The Board received 16 nominations for students in professional nursing programs and 12 for students in practical nursing programs. The members of the Education Committee reviewed the nominations and recommended their selection to the full Board. The selections were approved at the Board of Nursing meeting held December 3-5, 2002.

The recipients are Mandy Hotmer who attends Research College of Nursing, a generic BSN program, in Kansas City, Mo. and Pamela Wilkins who is a practical nursing student at Tri-County Technical School in Eldon. Congratulations!

Mandy Hotmer expects to graduate in August 2003 and has worked as an Emergency Medical Technician (EMT) for the past 3 1/2 years. She plans to work as a member of a transplant team or in an ICU or the Emergency Department. The faculty at Research College of Nursing stated that Mandy is very self-motivated, has a positive attitude and possesses a strong sense of caring and a desire to serve others. Quoting from Mandy's essay: "Growing up in a large family (she's the oldest of nine children) has helped me develop a deep love for helping others. I have always loved to 'run to the rescue' when someone is hurt. The feeling one gets when you are able to make someone feel better is so amazing and very addictive. It is because of these feelings and my love for helping others that I

decided to become a nurse."

Pamela Wilkins secretly desired to be a nurse since she was a teenager but didn't tell anyone until over twenty years later. As one of six children of parents who had no formal education beyond the eighth grade, she knew there was no money to spend on education. She watched her father work up to sixteen hours a day in a factory despite a leg injury which he wrapped everyday with cloth diapers. After moving to Missouri in 1979, her father's doctor assisted him in obtaining treatment that resulted in him being free of the diaper bandages after about a year. Pamela writes: "Those doctors and nurses made his life better." In 1997, Pamela's husband had an accident and nearly lost his hand. Pamela states "a wonderful nurse named Glenda became his advocate." Watching Glenda fanned Pamela's desire to become a nurse into a "raging flame." Pamela left the security of a job she had had for thirteen years and started back to school after a twenty-five year absence. Pamela states "I want to be the patient advocate that will console the patient and the family and that will work to assure their needs are met even after my shift is over." The faculty at Tri-County Technical School state "She is the kind of nurse I would want to care for me". Pamela graduates in January 2003, and plans to work in a hospital or clinic in the Jefferson City-Eldon area.

The Education Committee members commented as to the worthiness and qualifications of all the nominees. The decision was not an easy one to make. Therefore, the Board recognizes all the students who were nominated by listing the names and the nursing program in which each is enrolled.

Professional Nursing Student Award:

Recipient:

Mandy Hotmer – Research College of Nursing

Nominees:

Deana Smith, Blessing-Rieman College of Nursing
Tamara Johnson, Central Missouri State University
Brandi Kincaid, Central Methodist College
Anne Sharpe, Crowder College

Staci Herring, Graceland University
Sharon Lenders, Missouri Southern State College
Alison Rodes, Sinclair School of Nursing, University of Missouri-Columbia
Amy O'Rear, Southeast Missouri Hospital College of Nursing & Health Sciences
Krista Kost, Southwest Missouri State University/West Plains
Shelly Askamit, St. John's School of Nursing at Southwest Baptist University
Chris Brill, St. Louis Community College at Flo Valley
Janice Carter, St. Louis Community College at Forest Park
Sommers Moore, Three Rivers Community College/Sikeston
Elizabeth Schickler, Truman State University
Bernadette Dailey, William Jewell College

Practical Nursing Student Award:

Recipient:

Pamela Wilkins, Tri-County Technical School

Nominees:

Lisa Wright, Cass Career Center
Lori Rickerson, Hannibal Public School of Practical Nursing
Tara Reed, Hillyard Technical Center
Rebecca Scott, Joplin School of Practical Nursing
Stephanie Wynn, Lex La-Ray Technical Center
Becky Samson, Saline County Career Center
Lekisha Anderson, Texas Technical Institute
Karla Veal, Moberly Area Community College/Moberly
Lisa Moit, Sikeston Public Schools/Sikeston
Tracey Matthews, Warrensburg AVTS
Dagmar Wiedmeyer, Waynesville Technical Academy

The Board of Nursing expresses appreciation for the cooperation of the faculty and students in all the nursing programs in this award process. A special "thank you" to Mr. Mark G. Miller, General Manager of Arthur L. Davis Publishing Agency, Inc. in making these awards possible.

Linda Strobel

Recognized for Nearly 30 Years of Service

After nearly thirty years of dedicated service to the Board of Nursing, Linda Strobel, Executive I is retiring effective February 28th, 2003. A reception honoring Linda's service is scheduled for March 5th. Linda's employment with the Board began on September 5, 1973 as an accounting clerk. She has held various positions including interstate licensure clerk, fiscal assistant to the Executive Director and Accounting Clerk/Personnel Officer. She held her most recent position since February of 2001.



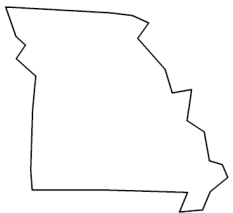
Strobel

Linda has been recognized numerous times for her skills and dedication. She was recognized as the **first** Employee of the Month for the Division of Professional Registration and has twice received special recognition for her years of employment. Many changes have occurred over the years including 4 different locations for the Board office, 6 Board of Nursing Executive Directors, 2 acting Executive Directors, and ten Professional Registration Division Directors. In addition, in 1973 there were 10 employees at the Board, 25,475 RNs & LPNs and everything was done by hand. In 2003 there are 28.5 employees at the Board, 98,133 RNs & LPNs and everything is done using computers.

Linda and her husband, Bob have two daughters, Tammy Siebert and Sandra Wyss and four grandchildren. She is an avid collector of "Precious Moments" and enjoys being with her grandchildren and family.

Lori Scheidt, Executive Director, has worked with Linda for 15 years. She stated, "Linda has been an exceptional employee. She has an unbelievable work ethic and follows through on every project to successful completion. She has earned the much deserved respect from myself, all the staff and board members. We are indebted to her for her loyalty, dedication and nearly 30 years of exceptional service!"

The Missouri State Board of Nursing salutes Linda's many years of service and dedication. She will be truly missed.



Licensure Corner

by Lori Scheidt, BS
Executive Director

Missouri State Board of Nursing Licensure Committee Members:

- Janet Vanderpool, MSN, RN, Chair
- Teri A. Murray, PhD, RN
- Robin Vogt, PhD, RN, FNP-C
- Charlotte York, LPN

Current RN licenses expire April 30, 2003. Renewal notices were mailed in January 2003. Contact our office if you have not received a renewal notice. Our office is staffed Monday through Friday from 8:00 AM to 5:00 PM, excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us

Failure to receive a renewal notice does not excuse the nurse from the requirements of license renewal or from the possibility of disciplinary action for practicing without a license.

The RN license renewal fee for 2001-2003 was \$100. **The RN license renewal fee for 2003-2005 will be \$80.**

VERIFY LICENSES AND CURRENT DISCIPLINE ONLINE

You can verify a nursing license at www.ecodev.state.mo.us/pr. Click on LICENSEE SEARCH. You can search by name or license number. The search results will show the licensee's name, city, state, original issue date, expiration date and whether there is any discipline currently on the license.



Scheidt

WHAT IS PUBLIC INFORMATION?

In accordance with Section 620.010.14(7), RSMo, the **only** information regarding an applicant/licensee that is public includes:

- ◆ Name (including maiden name and previous names);
- ◆ Address;
- ◆ License type, license number, dates of issuance and expiration date;
- ◆ License status (i.e. current, inactive, lapsed, surrendered or no license issued);
- ◆ License certifications and dates (e.g. IV Certified); and
- ◆ Disciplinary action taken against a license (i.e. censure, probation, suspension, revocation).

The above is the only information that may be released to the public, including family members, employers and the media.

Confidential information in an applicant/licensee's file may only be released under the following circumstances:

- ◆ With the written authorization of the applicant/licensee;
- ◆ Through the course of voluntary interstate exchange of information with other boards of nursing;
- ◆ Pursuant to a court order; or
- ◆ To other administrative or law enforcement agencies acting within the scope of their statutory authority.

Occasionally, a caller might want to verify a licensee/applicant's date of birth or social security number. A licensee or applicant's date of birth and/or social security number is not public information and therefore cannot be verified by our office unless we are provided with a signed release from the licensee/applicant.

REQUIREMENTS FOR LICENSURE RULE CHANGED

The Missouri State Board of Nursing amended the requirements for licensure rule, **4 CSR 200-4.020**. The board deleted section (7) of the rule in order to discontinue accepting the Canadian nurse licensure examination. The Board based this decision on a report by the National Council of State Boards of Nursing, which indicated that the Canadian nurse licensure examination (CNATS or CRNE) is not a suitable entry-level licensure examination. This rule will be effective December 30, 2002. After December 30, 2002, a Canadian licensed nurse will have to take and pass the NCLEX® examination.

Missouri Nursing Practice Act Available Online

You may view the Missouri Nursing Practice Act on our web site at <http://www.ded.state.mo.us/regulatorylicensing/professionalregistration/nursing/>. Click on Nursing Practice Act.

Commonly Asked Licensure Questions

Where do I call to verify a Certified Nurse Assistant (CNA) or Certified Medical Technician (CMT)?

Contact the Department of Health and Senior Services at (573) 526-5686.

Where do I call to verify an Emergency Medical Technician (EMT)?

Contact the Bureau of Emergency Medical Services at (573) 751-6356.

What is the process for the Board to endorse my license to another state?

You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found at http://www.ncsbn.org/public/regulation/boards_of_nursing_board.htm. At the time you apply for licensure in another state, that Board will give you a Nursys verification or you can download the form from <http://www.ncsbn.org/public/regulation/res/verification.pdf>. Complete your part of the form and send it to the address indicated on the form **with a \$30 money order**.

VERIFICATION OF A LICENSE

You can verify licenses online at www.ecodev.state.mo.us/pr. Click on LICENSEE SEARCH. You can search by name or license number. The search results will display the licensee's name, city, state, license number, original license issue date and license expiration date.

If you have a list of nurse licenses that you would like verified, you can send the list to our office electronically. We will match the list with our database and send the results back you electronically. Your list needs to be an Excel document or a text file (tab or comma delimited). It should contain the nurse's name and license number. E-mail the list to nursing@mail.state.mo.us.

In order to verify licensure, ask to see an original current Missouri license or temporary permit before the employee reports to orientation. A temporary permit will have a raised Board seal. A license will have the expiration date, profession and license number. The license number could be the profession code (RN or PN) followed by a 6-digit number or a 10-digit number, which consists of the year of license followed by a 6-digit number. Example of a 6-digit license number could be RN060619. An example for the 10-digit license number is 2000134178. When requesting verification from our office, you must provide the complete license number, which includes the year of license.

The name, address and licensure status of all currently licensed nurses is public information. If you have any questions, please call the Board office or use the web to verify credentials **before hiring**. Our office is staffed Monday through Friday from 8:00 AM to 5:00 PM, excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us
- Online Licensee Search at www.ecodev.state.mo.us/pr

Graduate Nurse Practice

The Rule
State Regulation 4 CSR 200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs."

Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.

We recommend that you have the graduate sign an *Authorization to Release Confidential Information* form so we may provide you with periodic updates on the person's exam and licensure information. A sample authorization form is included with this article.

After the Examination

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a "pass" letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates



who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

About Orientation

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

Proper Supervision

According to 4 CSR 200-5.010 (1), proper supervision is defined as, "the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation."

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(Print Legibly in Black Ink)

I, _____, hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer, _____, and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam and my exam results.

A copy of this authorization will be considered as effective and valid as the original.

Date

Applicant's Signature

Applicant's Printed Name

Applicant's Social Security Number

Fax to the Missouri State Board of Nursing at (573) 751-6745

Practice Corner

by Rita Tadych, PhD, RN
Practice Administrator

Missouri State Board of Nursing Practice Committee Members:

Arthur Bante, BSA, RN, CRNA
Paul Lineberry, PhD
Kay Thurston, ADN, RN, Chair
Robin Vogt, PhD, RN, FNP-C
Charlotte York, LPN

FREQUENTLY ASKED QUESTIONS

When directed to the Missouri State Board of Nursing Website, go to: www.ded.state.mo.us/regulatorylicensing/professionalregistration/nursing

When a statutory reference is made in the response to a question, you may go to the following Web site to review the particular statute: www.moga.state.mo.us/homestat.asp

When a rule/regulation reference is made in the response to a question, you may go to the following Web site to review the particular rule/regulation: www.sos.state.mo.us/adrules/csr/csr.asp

Q: Are individuals who call themselves ‘medical assistants’ licensed or regulated in Missouri?

A: In a search of the current statutes and regulations, there was no title protection or licensure laws or regulatory body identified for ‘medical assistant’, ‘certified medical assistant’, or ‘registered medical assistant’. For further discussion of ‘medical assistant’, review the article, A Few Perspectives on Unlicensed Assistive Personnel, at the Board of Nursing Website within the FOCUS ON PRACTICE button under the heading, Unlicensed Assistive Personnel.

Q: I had been a nurse licensed in Missouri but let my license lapse. I would like to continue to work in a health care-related job setting but want to take a position where the employer designates in the job description that the position does not require a nursing license.



Tadych

Can I accept such a position without having a current nursing license?

A: Regardless of job description designation, an individual who has completed a nursing education program and has passed the national nursing licensing examination remains accountable to the laws and standards of licensure and performance as a reasonable and prudent nurse, not a reasonable and prudent lay person, in matters related to the health, welfare, and safety of the citizens of Missouri receiving health care. The law requires that a current nursing license be maintained if continuing to engage in direct patient/client contact and health-related care activities.

Q: I am a registered professional nurse recognized by the Board of Nursing as a family nurse practitioner and wonder if I can accept a position and collaborate with a pediatrician?

A: The requirement of mutual scopes of practice and practicing within each professional’s “skill, training, education and competence” is covered in several areas of the rule, 4 CSR 200-4.200 Collaborative Practice [e.g., sections (3) (A), (3)(B), (3)(C), and (3)(I)11]. Generally speaking, a family nurse practitioner’s formal education, national certification, and Board of Nursing recognition supports the provision of primary health care services to patients of all ages in a variety of settings. In collaborating with a pediatrician, however, a family nurse practitioner must practice within the parameters of practice engaged in by the pediatrician.

Q: Is the Board of Nursing the appropriate place to call with questions related to conditions of employment such as hiring and firing, hours of work, “floating”, shift assignments, or discipline imposed by an employer?

A: No, the Board of Nursing has no regulatory authority over employer-employee matters. The Board of Nursing is responsible for protecting the health and safety of the public through regulating the profession of nursing. You may want to address your workplace issues with your State of Missouri nursing association, which is responsible for representing the profession of nursing (i.e., Missouri Nurses Association, 573-636-4623 or Missouri State Association of Licensed Practical Nurses, Inc., 573-636-

5659) or with your legal counsel.

Q: What are some of the responsibilities of the Missouri State Board of Nursing’s Practice Committee?

A: Answers specific questions from individuals or entities regarding scope of practice or standards of practice; maintains past Board decisions; proposes legislation affecting health care, and cooperates with professional health care organizations, associations and other government agencies in defining and promoting the safe and competent practice of nursing.

Q: I want to provide a one-day seminar/workshop for nurses and would like to offer CEUs to the attendees. Whom do I contact to make the CEU arrangements?

A: Contact the Missouri Nurses Association, 573-636-4623.

Q: Our clinic is a very busy setting. In the event that it would be needed, can our family nurse practitioners function in the role of registered professional nurse? For example, if one of the physicians orders the administration of an intravenous medication or administration of a particular treatment, can the family nurse practitioner step in as a RN and perform the medication or treatment administration?

A: The rule, 4 CSR 200-4.100 Advanced Practice Nurse, states in section (5) Scope of Practice:

(A) Registered professional nurses recognized by the Missouri State Board of Nursing as being eligible to practice as advanced practice nurses shall function clinically –

1. Within the state of Missouri Nursing Practice Act, Chapter 335, RSMo, and all other applicable rules and regulations; and
2. Within the professional scope and standards of their advanced practice nursing clinical specialty area and consistent with their formal advanced nursing education and national certification, if applicable, *or within their education, training, knowledge, judgement, skill, and competence as registered professional nurses.* (italics for emphasis)

APN Recognition Summary State of Missouri - 12/11/02*

CLINICAL NURSE SPECIALISTS		441**	NURSE ANESTHETISTS		1268**
• Pediatric	028		NURSE MIDWIVES		093**
• Perinatal	004		NURSE PRACTITIONERS		2452**
• Gerontological	029		• Adult	379	
• Community Health	004		• Advanced Oncology	002	
• Maternal Child	005		• Family	1218	
• Advanced Oncology	026		• School	0	
• Medical-Surgical	175		• Neonatal	125	
• Adult Psychiatric/Mental Health	136		• Acute Care	040	
• Child-Adolescent Psychiatric/Mental Health	030		• Pediatric	329	
• Advanced Diabetes Management	001		• Gerontological	091	
• Adult Acute & Critical Care	003		• Family Psychiatric/Mental Health	004	
			• Women’s Health	251	
			• Adult Psychiatric/Mental Health	010	
			• Psychiatric Mental Health	003	
			TOTAL NUMBER OF RECOGNITIONS		4254**
			NOTE: Earliest recognition date was September, 1996		

* Numbers of recognitions change monthly
**Actual number of recognitions may be less: (a) if continued recognition requirements have not been met before ‘Document of Recognition’ expiration date, or (b) due to individuals being recognized in more than one specialty area and/or role

Education Corner



by Marilyn K. Nelson, RN, MA
Education Administrator

**Missouri State Board of Nursing
Education Committee Members:**
Teri Murray, PhD, RN
Arthur Bante, BSA, RN, CRNA
Janet Vanderpool, MSN, RN
Charlotte York, LPN

In the last newsletter the NCLEX® pass rates were discussed. As a follow-up to that, the Board would like to recognize nurses in Missouri who were selected to serve as members or alternates on the NCLEX® PN or RN Examination Item Reviewers panels in 2002. Panel members were Patricia Clutter, Susan Green, Jeanna Wilcox, Barbara McDowell, Georgia Frisbee, Susan Gile, and Rosemary Zelazek. Alternate panel members were Diane Chudomelka, Annette Slack, and Angelia Blake. Thanks to these nurses for their contributions to keeping



Nelson

the licensure examination current as to nursing knowledge and practices.

Elsewhere in this newsletter, you will find an accounting of Board actions. In response to the nursing shortage, you will note that two programs have received Initial Approval: a generic BSN program at Southwest Missouri State University in Springfield and a practical nursing program sponsored by the Special School District of St. Louis County located at the Metropolitan Employment and Training (MET) Center. Also, an accelerated BSN track has been approved for William Jewell College in Liberty and some programs have been approved for increases in enrollment.

Sometimes when a new nursing program is being considered, the issue of whether or not it is an extension of an existing program arises. When an existing program sponsor wishes to begin an educational program in another location or operates nursing programs in separate locations, the rule on Multiple Campuses (4 CSR 200-2.035 for programs of professional nursing and 4 CSR 200-3.035 for programs of practical nursing) applies. This rule states that each campus of a program of nursing is treated independently for purposes of compliance with the Minimum Standards set forth by the State Board of Nursing. Each campus submits a separate annual report including an annual registration fee and is surveyed separately every five (5) years once full approval status has been obtained. Also, each campus is evaluated individually regarding

licensure examination results. This rule may differ from the practice of other state and national accrediting bodies/agencies, such as the State Department of Elementary and Secondary Education (DESE) and the National League for Nursing Accrediting Commission (NLNAC) who might view one program as an extension of another and thus combine monitoring and evaluation procedures.

The recently approved program of practical nursing at the MET Center in St. Louis is an example. The Special School District of St. Louis has sponsored a practical nursing program located in Chesterfield-----Applied Technology Services/West County-----since 1992. Even though the program at the MET Center essentially follows the same curriculum as the one in Chesterfield and the same person will function as program administrator for both programs, a comprehensive proposal as delineated in the Minimum Standards had to be submitted to the Board for approval. (What is included in a new program proposal will be discussed at another time.) Although, both programs may have the same program administrator, one of the full-time faculty members at the MET Center Campus must be designated as a coordinator to handle administrative concerns as they arise on that campus.

Hopefully this explains the Multiple Campus rule. We commend programs and various health care entities that continue to work together in an attempt to make nursing education more accessible and thus address the nursing shortage.

AONE Supports NCSBN’s Nurse Licensure Compact

Chicago, IL — The American Organization of Nurse Executives (AONE) has formally informed the National Council of State Boards of Nursing (NCSBN) of its support for the mutual recognition of state nurse licenses, known as the Nurse Licensure Compact (NLC). More information on the NLC is available at www.ncsbn.org/public/nurselicensurecompact/nurselicensurecompact_index.htm

"On behalf of the more than 3,800 members of the AONE which represents America’s professional nurses in executive practice, I would like to state our unqualified support of the Nurse Licensure Compact," said AONE President Philip D. Authier, RN, MPH, in a letter to NCSBN. President Authier also said; "AONE recognizes the importance of the Compact as a vehicle to simplify government processes and remove regulatory barriers to increase access to safe nursing care. In today’s fast paced health care environment of new technology and practice modalities, it is critical that nurses are able to comply with state licensure laws that cross state lines. These types of situations occur with increasing regularity in areas such as nurse advice lines, tele-nursing, home health, long distance monitoring of patients, hospital follow-up care and the increased mobility of the nursing workforce across state lines. New threats of bioterrorism and the role of nursing as

part of rapid response teams places an increased urgency on the implementation of the Nurse Licensure Compact."

AONE published the **Nurse Licensure Compact: Analysis and Recommendations** in January 2000 to provide its membership and the public with an understanding of the policy issues surrounding multi-state licensure and its implications for the profession. In addition, AONE has supported individual efforts at the state level to enact the NLC. Currently 18 states belong to the NLC, although three states are still in the implementation stage.

"On behalf of NCSBN, I applaud AONE and its members for supporting this very important regulatory model for state nurse licensure," said NCSBN President Donna Dorsey. "State boards of nursing are innovative in their approach to multi-state licensure and believe the advancement of the NLC is vital for enhancing public protection."

NCSBN is the organization through which the boards of nursing act and counsel together on matters of common interest and concern affecting public health, safety and welfare, which includes the development of licensure examinations for nursing. The mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting Member Boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.

National Council of State Boards of Nursing e-Learning Opportunities for Nurses

National Council’s Learning Extension (www.nclex.com) has been providing "e-learning", or online learning, since 1998. The online campus, developed by the National Council of State Boards of Nursing (NCSBN), currently offers 18 courses. Here are just a few of the courses that may be of interest to Missouri nurses:

Disciplinary Actions: What Every Nurse Should Know

\$18.00 | 4.8 CEUs | 3 weeks of online access

Overview: details the disciplinary process and presents the infractions that may cause disciplinary actions against your license to practice. Ever thought you needed a law degree to comprehend the rules and regulations of nursing? This course is presented in simple language that all nurses will clearly understand.

Ethics of Nursing Practice

\$18.00 | 4.8 CEUs | 3 weeks of online access

Overview: designed to assist nurses in recognizing ethical principals in daily practice. The course emphasizes the reconciliation of personal and professional ethics and provides strategies for ethical practice.

Missouri Nurse Practice Act Continuing Education Course

\$10.00 | 2.0 CEUs | 1 week of online access

Overview: in cooperation with the Missouri Board of Nursing, NCSBN offers an exciting continuing education opportunity for nurses in the state of Missouri to learn the state’s Nurse Practice Act.

Sharpening Critical Thinking Skills for Competent Nursing Practice

\$15.00 | 3.6 CEUs | 3 weeks of online access

Overview: helps nurses explore and develop critical thinking skills essential for safe and effective practice. This course sharpens critical thinking ability, inspiring nurses to anticipate and take measures to prevent future situations that could seriously affect clients.

Professional Accountability & Legal Liability for Nurses

\$20.00 | 5.4 CEUs | 3 weeks of online access

Overview: builds awareness of the elements of accountability in nursing practice and highlights what the individual nurse can do to prevent or report unethical or illegal activity.

Go to www.nclex.com for more details and to access the complete online catalog of courses.

The mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting Member Boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.

Summary of Actions

December 2002 Board Meeting

Administrative Matters
Nursing Practice Act – authorized staff to file an amendment to the fee rule to charge \$5 for a printed copy of the Missouri Nursing Practice Act. The latest version of our Nursing Practice Act is always available on our website at <http://www.ded.state.mo.us/regulatorylicensing/professionalregistration/nursing/>

Education Matters
Changes in Curriculum – The following schools requested and were approved for changes in curriculum:
• William Jewell College, BSN Program #17-560 – request to establish an accelerated track was approved.
Student Enrollment Increases
• Southeast Missouri State University, BSN Program #17-563 – request to increase student enrollment from 30 to 35 per year was approved.
• Crowder College, BSN Program #17-410 request to increase student enrollment was approved.
Initial Approval – The following schools were granted initial approval:
• Applied Technology Services/MET, St. Louis – Practical Nursing Program
• Southwest Missouri State University, Springfield – Generic BSN Program

The following items were reviewed and accepted:
• 6-month progress reports – 3
• Responses to low NCLEX pass fail rates for FY2001-2002 – 14
• Reports of Five-year on-site visits– 4
• Request to establish an accelerated track – 1
• Site Visit Reports – 3

Discipline Matters
The Board held 8 disciplinary hearings and 7 violation hearings.
The Discipline Committee reviewed 221 RN cases, 123 PN cases, 8 Litigation items and 126 disciplined licensee-meeting reports.

Licensure Matters
The Licensure committee reviewed 14 applications. Results of reviews as follows:
Applications approved – 9
Review of applications tabled – 1
Applications approved with probated licenses – 4

Practice
The Practice Committee reviewed 7 scope of practice requests.

DISCIPLINARY ACTIONS**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Restricted License
Tina M Allen Jefferson City, MO	RN 098498	Section 335.066.1. and 2.(1), (5), (8), and (12), RSMo 2000. On 1/29/99, licensee's registered professional nurse license was revoked by the Department of Consumer Affairs, State of California, for unprofessional conduct. She reported to work on 9/21/96 and 10/20/96, with an odor of an alcoholic beverage on her.	12/11/2002 to 12/11/2004
Meredith A Loy Emporia, KS	RN 121027	Section 335.066.1. and 2.(8), RSMo 2000, On 6/7/99, licensee's pre-employment drug screen tested positive for the presence of marijuana. On 4/21/00, licensee's pre-employment drug screen tested positive for marijuana. On or about 3/23/01, licensee voluntarily surrendered her Arizona nursing license.	12/11/2002 to 12/11/2005

CENSURED LIST

Name	License Number	Violation	Effective Date of Censured License
Steven Wayne Bennett Belleville, IL	RN 2000171435	Section 335.066.2 (2), RSMo 2000 On or about 10/4/01, licensee pled guilty to: 1) conspiracy to Make Counterfeit United States Currency; 2) Possession of Counterfeit Currency; and 3) Forfeiture of Counterfeit Paraphernalia. Licensee was sentenced to four (4) months in prison.	10/15/2002
Nashika M Davis Saint Louis, MO	PN 2000168532	Section 335.066.2 (5) and (12), RSMo 2000 On 7/18/01, licensee abandoned her shift without giving notification to the facility.	10/1/2002
Gwendolyn L Dodd Chesterfield, MO	RN 114845	Section 335.066.2 (6), RSMo 2000 From 8/1/00 through 10/12/01, licensee worked as a CRNA with a lapsed CRNA recognition.	10/9/2002
Patti Grollmes Branson, MO	RN136871	Section 335.066.2 (5), (6), (12), and (14), RSMo 2000 Between 1/5/01 and 7/20/01 the licensee, an advanced practice nurse, prescribed a controlled substance on 14 occasions for patients without documenting that she had contacted her collaborating physician prior to the prescribing. Between 1/13/01 and 8/21/01 the licensee, on 15 occasions, authorized the refill of controlled substances for patients without documenting that she had obtained physician authorization.	12/9/2002
Judith C Stith Saint Louis, MO	RN 101659	Sections 335.066.2 (5), (6), and (12), RSMo 2000 Practiced nursing on a lapsed license from 5/1/99 through 1/23/02.	10/15/2002

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Karen A Baybo Saint Louis, MO	PN 050757	Section 335.066.2 (2), RSMo 1994 On 2/2/01, licensee pled guilty to fraudulently attempting to obtain a controlled substance. On or about 4/2/2002, licensee relapsed and consumed eight Darvocet tablets, which violated her current Missouri State Board of Nursing Settlement Agreement.	10/31/2002 to 10/31/2005
Stephanie Blunt Springfield, MO	RN2002017986	Section 335.066.1 and .2 (1) and (2), RSMo 2000 On or about 8/25/93 and 4/15/02, licensee pled guilty to DWI.	7/30/2002 to 7/30/2005
Erik B Burnett Rolla, MO	PN 054728	Section 335.066.2 (2), RSMo 2000 On or about 9/4/01, licensee pled guilty to felony possession of a controlled substance.	10/18/2002 to 10/18/2007
Karen A Byrum Granite City, IL	RN 148404	Section 335.066.2 (5) and (12), RSMo 2000 In 5/00, while employed as an agency nurse, licensee misappropriated Percocet from a patient on 3 occasions. During the same time period, at another facility, the licensee failed to document the withdrawal and administration of Demerol, Percocet, Dilaudid, and Lortab on 4 occasions. Between 10/00 and 2/01, licensee withdrew Percocet, Darvocet, and Lortab and did not document them as being administered or wasted.	12/6/2002 to 12/6/2005
Rebecca Lynn Day Sikeston, MO	PN 2002024636	Section 335.066.1 and 2 (2), RSMo 2000 On or about 3/6/96, licensee pled guilty to possession of a controlled substance. On 4/30/97, licensee pled guilty to possession with intent to distribute. On 8/11/98, licensee pled guilty to possession of drug paraphernalia. On 11/17/98, licensee pled guilty to manufacture of a controlled substance.	10/2/2002 to 10/2/2006
Joseph C Fitzgerald Saint Louis, MO	RN 140327	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 On or about 9/19/01, while employed as a nurse, licensee misappropriated Demerol for his personal consumption and submitted to a urine drug screen which tested positive for Demerol.	11/21/2002 to 11/21/2005
Stephanie S Ghanti Hannibal, MO	RN 128454	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 On or about 9/6/01, licensee called in a fraudulent prescription for Vicodin using the name and DEA number of a physician.	10/10/2002 to 10/10/2004
Michael H Green Godfrey, IL	RN 141153	Section 335.066.2 (1), (8), and (14), RSMo 2000 On or about 3/23/01, licensee was disciplined by the State of Illinois, Department of Professional Regulation. Licensee admitted to testing positive for marijuana in a pre-employment drug screen and to an ongoing substance abuse problem.	10/23/2002 to 10/23/2005
Linda D Haley Saint Louis, MO	RN074899	Section 335.066.2 (1) and (14), RSMo 2000 On or about 1/14/02, licensee unlawfully possessed and consumed cocaine. On or about 1/14/02, while on duty, licensee submitted to a drug screen that tested positive for cocaine.	12/5/2002 to 12/5/2004
Vicki R Harness Quincy, IL	RN 125233	Section 335.066.2 (8), RSMo 2000 On or about 6/4/01, licensee's Illinois nursing license was disciplined by the Illinois Board of Nursing. On or about 1/12/99, while employed as a nurse, licensee misappropriated morphine for her personal use.	11/20/2002 to 11/20/2004
George H Higgins Jr. Carl Junction, MO	RN 104884	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 Between 4/01 and 8/01, while on duty, licensee misappropriated Lortab and Soma on more than one occasion for personal consumption.	10/23/2002 to 10/23/2005
Kathleen M Hitchcock Washington, MO	RN 140726 PN 045038	Sections 335.066.2 (1),(5),(12), and (14), RSMo 2000 In 2/01, while employed as a nurse, licensee began misappropriating Darvocet, Tylox, and Percocet for her personal consumption. On or about 12/13/01, licensee inadvertently possessed and consumed Darvocet tablets, which she thought, were Tylenol. Licensee subsequently tested positive for Darvocet in a random drug screen.	10/23/2002 to 10/23/2004
Christopher K. Holman Phoenix, AZ	PN041886	Section 335.066.2 (1) (5) (12), and (14) RSMo 2000 On or about 10/11/01, licensee misappropriated Percocet for his personal consumption.	11/07/2002 to 11/07/2005

Probation List cont. from pg. 21

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Elizabeth Sue Madsen Mercer, MO	RN 1999141204	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 On or about 5/8/01, while on duty, licensee misappropriated Roxanol from the narcotics room by pouring the liquid drug into a can of soda and drinking some of the mixture. Licensee then re-filled the Roxanol drug bottle with water.	11/2/2002 to 11/2/2005
Paula N Mayo Springfield, MO	RN 149502	Section 335.066.2 (1), (5), (12) and (14), RSMo 2000 In 4/00, while employed as a nurse, licensee entered the hospital’s Employee Assistance Program after reporting to work under the influence of alcohol. On or about 11/20/02, licensee submitted to a drug screen which tested positive for cocaine.	11/23/2002 to 11/23/2005
Ginger McCane Poplar Bluff, MO	PN050767	Section 620.153 RSMo 2000 Violated Missouri State Board of Nursing agreement by not attending required meetings and not submitting required documentation.	10/30/2002 to 10/30/2005
Cheryl L McClain Kansas City, MO	LPN 020545	Section 335.066.2 (1), RSMo 2000 On or about 7/23/01, while employed as a nurse, licensee possessed and consumed crack cocaine. Licensee entered a treatment program. On or about 10/20-21/01, licensee relapsed and again possessed and consumed crack cocaine.	11/27/2002 to 11/27/2007
Jeanne A Merli St Louis, MO	RN 113260	Section 335.066.2 (1), (2), (5), (12), and (14), RSMo 2000 On 1/8/01, licensee admitted to diverting narcotics from her employer for her personal use. On 3/4-5/01, licensee misappropriated Demerol and Morphine for her personal use. On 7/10-11/01, while employed by a second employer, licensee misappropriated Demerol for her personal use. On 11/2/01, while employed by a third employer, licensee misappropriated Demerol for her personal use. As a result, on 11/30/01, licensee pled guilty to stealing a controlled substance.	10/15/2002 to 10/15/2007
Marna J Moffitt Saint Louis, MO	RN 061034	Section 335.066.2 (1), (2), (5), and (12), RSMo 2000 On 6/25/00, licensee reported to work in an intoxicated condition; after completing treatment, licensee repeatedly missed EAP appointments and violated her Reinstatement Agreement with the hospital. On 7/27/01, licensee pled guilty to leaving the scene of an accident and DWI. On 10/15/01, licensee pled guilty to a class D felony of exhibiting a knife in an angry and threatening manner. On 11/15/01, licensee pled guilty to a DWI.	11/16/2002 to 11/16/2007
Ronald Moore Kansas City, MO	RN2000170226	Section 335.066.2 (2) RSMo 2000 Violated Missouri State Board of Nursing agreement by relapse. On 6/17/01, licensee consumed alcohol, a persistent offender offense. On 1/27/01, licensee pled guilty to a class D felony DWI and a class D felony driving while revoked, a persistent offender offense.	10/31/2002 to 10/31/2007
Laurie Lee Noel Moberly, MO	PN 048487	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 In 10/00, Licensee began forging prescriptions for Tussionex, using a physician’s name. On or about 2/22/01 and 4/11/01, Licensee forged a prescription for Tussionex and Darvocet using a physician’s name.	10/25/2002 to 10/25/2004
Samantha Dormeka Stevenson Springfield, IL	PN 2002026556	Section 335.066.1 and 2 (2), RSMo 2000 On 1/31/02, in the Sangamon County Circuit Court, Springifeld, IL, licensee pled guilty to Theft, a class A misdemeanor.	10/31/2002 to 10/31/2004
Linda L Suntrup-Haskins St Clair, MO	RN 085813	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 From approximately 6/1 through 8/8/01, licensee misappropriated Demerol on an ongoing basis for her personal consumption.	10/15/2002 to 10/15/2007
Teresa R Tomlinson Joplin, MO	RN 117260	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 Between 5/98 and 5/99, licensee misappropriated various narcotics, including Demerol for her personal consumption.	10/2/2002 to 10/2/2004
Andrea F Wells Saint Louis, MO	PN 043245	Section 620.153, RSMo 2000 Violated Missouri State Board of Nursing agreement by not attending required meetings and not submitting required documentation.	10/31/2002 to 10/31/2004

SUSPENSION/PROBATION LIST

Name	License Number	Violation	Effective Date of Suspension	Effective Date of Probation
Theresa Bass Imperial, MO	RN113251	Section 335.066.2 (1) (5) (12) and (14) RSMo 2000 In 9/01, licensee misappropriated Fentanyl Citrate for her personal consumption.	10/15/2002 to 10/15/2003	10/16/2003 to 10/16/2008
Gail Patrick Ballwin, MO	PN058443	Section 335.066.2 (2) RSMo 2000 On 10/5/01, licensee pled guilty to the criminal charges of stealing a controlled substance and three separate counts of possession of a controlled substance in St. Louis County Circuit Court.	10/30/2002 to 4/30/2003	05/01/2003 to 05/01/2007
Virginia M Pendley Miami, OK	Registered Nurse 093784	Section 335.066.2 (8), RSMo 2000 On or about 3/12/01, while employed as a nurse, licensee was impaired while on duty from the use of alcohol. On or about 5/31/01, licensee entered into a Stipulation, Settlement and Order with the Oklahoma Board of Nursing wherein she admitted impairment and was referred to a treatment program. On 7/25/01, licensee's Oklahoma nursing license was revoked.	11/8/2002 to 5/8/2003	05/09/2003 to 05/09/2005
Stacey Michelle Staggs Platte City, MO	RN 1999142630	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 In 12/01 and 1/02, on 4 different occasions, licensee called in fraudulent prescriptions for Hydrocodone APAP using a physician's name.	11/7/2002 to 11/7/2003	11/08/2003 to 11/08/2007
Noveta L Thomas Joplin, MO	RN 113859	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 On 10/5/98 to 9/18/00, while employed as a nurse, licensee on numerous occasions, wrote fraudulent prescriptions for herself using the names of 4 physicians. These fraudulent prescriptions were written to obtain Lorcet and Valium.	10/29/2002 to 4/29/2003	4/30/2003 to 4/30/2007

REVOCATION LIST

Name	License Number	Violation	Effective Date of Revocation
Sonia T Abell Palmyra, MO	PN 055063	Section 335.066.2 (5) and (12), RSMo 2000 Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation.	10/31/2002
Sheryl J Rusch Rolla, MO	RN 066321	Sections 335.066.2 (2), RSMo 2000 and 621.110, RSMo 1994 and 335.066.3, RSMo 1994 On or about 10/12/99, licensee pled guilty in the Circuit Court of Camden County, Missouri, to felony conspiracy to commit murder in the first degree, for hiring someone to kill her husband.	10/7/2002
Amie H Stamm Arnold, MO	RN 148506	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 Between 5/1/00 and 10/31/00, licensee misappropriated Demerol for her personal consumption. On 12/15/00, while an inpatient, licensee misappropriated Demerol for her personal consumption.	11/7/2002

Attention Missouri Registered Nurses!



**Current RN
licenses expire
April 30, 2003**

Check your mailbox!

Renewal notices were mailed in January.



**Contact us if you have not
received a renewal notice**

By phone: 573-751-0681

By email: nursing@mail.state.mo.us

By FAX: 573-751-6745



Failure to receive a renewal notice does not excuse you from the requirements of license renewal or from the possibility of disciplinary action for practicing without a license.



**RN license renewal fee
for 2003-2005 is \$80.**

SCHEDULE OF BOARD MEETING DATES THROUGH 2003

March 5-7, 2003
June 4-6, 2003
September 10-12, 2003
December 3-5, 2003

All meetings will be held at the Harry S. Truman State Office Building, 301 West High Street in Jefferson City, Missouri. Photo ID is required.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times and locations are subject to change. Please contact the Board office for current information.

Note: Committee Meeting Notices are posted on our web site at
<http://www.ded.state.mo.us/regulatorylicensing/professionalregistration/nursing>

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of January 8, 2003

Profession	Number
Licensed Practical Nurse	21,656
<i>Registered Professional Nurse</i>	76,513
Total	98,169

DID YOU CHANGE YOUR NAME?

DID YOU CHANGE YOUR ADDRESS?

DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?

4 CSR 200-4.020 (15)(b) (1) says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing.....” and (2) “If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change....”

Note: Change of address forms submitted to the post office will not ensure a change of address with the Board office. Please use this form or the contact information below to notify the Board office directly of any changes.

NAME AND ADDRESS CHANGE NOTICE

1. Is this an address change? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Is this a name change? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> RN <input type="checkbox"/> LPN		Missouri License Number	
OLD INFORMATION (please print):			
First Name		Last Name	
Address :			
City		State	Zip Code
NEW INFORMATION (please print)			
First Name		Last Name	
Address (if your address is a PO Box, you must also provide a street address):			
City	State	Zip Code	Telephone Number
Please provide signature:			

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure (the wallet size card and wall hanging document), and the required fee of \$15 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen, please contact our office. Request an Affidavit for Duplicate License form or you may obtain it from the LICENSURE INFO/FORMS tab on the web site at www.ecodev.state.mo.us/pr/nursing.

You may contact our office in one the following manners:

- Internet E-mail: nursing@mail.state.mo.us (address changes only)
- Fax: 573-751-6745 or 573-751-0075
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102
- Telephone: 573-751-0681 (address changes only)

